IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JOE T. SMITH.

Plaintiff,

AMERICAN INTERNATIONAL GROUP, INC.; AMERICAN GENERAL CORPORATION; AMERICAN GENERAL FINANCE, INC.; AMERICAN GENERAL FINANCE CORPORATION; MERIT LIFE INSURANCE COMPANY; KIMBERLY SINGLETON; PAT PORTER; ROY T. EVANS; and Fictitious Defendants "A", "B", and "C", whether singular or plural, those other persons, corporations, firms, or other entities whose wrongful conduct caused the injuries and damages to the Plaintiff, all of whose true and correct names are unknown to Plaintiffs at this time, but will be substituted by amendment when ascertained,

CIVIL ACTION NO.

Defendante.

COUNTY OF CHEROKEE STATE OF _ GEORGIA

AFFIDAVIT OF ROBERT S. RITTER

Robert S. Ritter, under oath, states as follows:

- My name is Robert S. Ritter. The statements made in this declaration are based upon my own personal knowledge as more specifically set forth below and, if sworn as a witness, I could testify competently to them.
- I serve as Director of Operations for the State of Alabama and an officer of American General Financial Services, Inc. ("American General"). Attached hereto as Exhibit 1

1405434

are true and correct copies of documents reflecting loan transactions between Plaintiff Joe T. Smith and American General, which were created and executed at the time of the loan transactions with Joe T. Smith. They have been maintained in the course of American General's regularly conducted business activity since those transactions, and it is the regular practice of American General to maintain such records.

FURTHER AFFIANT SAYETH NOT.

This the 2nd day of November, 2005.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 2nd day of November, 2005.

My Commission Expires:

My Commission Expires August 11 2008 antony

1408454

		NOTE AND SEC	HBMV ADDI	ELVEANT		AME:	RICAN	
ACCOUNT NU	MBER TY	YPE DATE FINAN		GINS TO ACCRUE	~	<i>(</i>)	GRNERAL	ı
7511142		E IF DIFFEREN	NT FROM DATE	OF NOTE		·	FINANCE	
BOHROMER(8	NAME AND ADD	JRE88		YEE (LENDER)	AT PYNANCE	THE		
JOB T SM	ITH			23 EASTERN	RAL FINANCE,	INC.		
25350 HW	Y 80 BAST			NIGONERY, A				
UNION SP	RINGS, AL 3	6089	1	ALL DOLLOWS	0 30117 1334			
Date of Note	First Payment	Other Payments	Final Payment	Amount of First	Amount of Balloon	Amount of Month	y Total Number	Term of
t	Due Date	Due on Same	Due Date	Payment	Payment	Payment	of Payments	Loan in
08/14/01	09/15/01	Date of Each Month.	08/15/03	\$ 91.01	\$ NONE	\$ 90.00	24	Months 24
	<u> </u>	ITEMIZA	TION OF AM	OUNT FINANCI		30.00		
1.\$NONE		rurance Co. (Joint Cove		ppruiser for Appreisal ! Rie Exam Fee/Title ins:		PAID TO		
	Premium to Disabili	surance Co. (Single Co. N. Insurance Co.		ana exam reeyi kie insi Yoxea Pald to Gov∕t, Agr		PAID TO		
4. NONE	Premium to Propert	ty Insurance Co.s NON	TR 10. A	bstract Fee		PAID TO		
5.5 <u>NONE</u> 5.5 <u>NONE</u>	Paid to Public Office Paid to Public Office	late for Certificate of Till		itomey Fee ald on Prior Account w	\$NONE			
0.3100116	and Releasing Fee	s to Necorally	13. 6	mount Paid to you or o chall itemized below -	th Lender \$995 n your5/3	.58 :		
				OURL TRACKSTOCK PROPERTY				
				20,74% Agreed	Partie of Chang	RIVEWA	L	
144 1665 07	Amount Financed 6	Sum of lines 1 thru (a)	A.\$	an an Prepald Fi	natica Chardia Y	3		
	FINANCE CH	,	B.\$NON	R Prepaid Fi	rcharge nance Charge (Points) nance Charge (NO	N 1 2 2001		
		ERCENTAGE I	RATE DAYON	(Mortgage	nance Charge N(Recording 1800	`_ : 		
17.5 2161.01			D.SNON	Prepaid FI (Paid to	NANCE CHARGE Brok	an General Fin	811/co	
			E.ş	405.19 Interest	Q. Color	IONT CHIEFTY AL		
			18.5 1	7.55.82 Principal A	mount of Lown	\$543,58	You	
PARTIES:	"You" means e	sach and all of th	 annia odw seo	d this Note and F	i 158 ∔150 + 150) Security Agreemen			If there is
	more than one	Borrower, each	is liable for the	entire obligation	(foint and severe	il (Agricellionit) a il liability"). The v	vord "we", "us"	and "our
	mean Lender.							
PROMISE TO PAY:	You agree and	promise to pay th	e original Princ	pal Amount of Lo	an (Amount Finan	nced plus any Inte	erest Surcharg	e, Prepak
IOPAI.	on the unnaid	es which includes balances at the A	interest Surch	arge, Points, Brok	ers Fee and Morte The total of the o	gage Recording Ti	ex) together wi	th interes
•	scheduled Inter	rest is to be repai	d in monthly in	ustailments, The I	Finance Charge w	inginai Phricipai A ili be less if vou n	mount of Loan nake pavments	and sucr
	schedule, and	greater if you ma	ike payments	later than schedu	ied. You may pre	enay this loan in f	uìl or in part a	any time
					ligation to pay rem			
TIME OF	The first payme	ant shall be due o	n the First Pay	ment Due Date in	dicated and the fol	lowing payments:	shall be due on	the same
REPAYMENT:		cceeding month to						
INTEREST SURCHARGE:	An interest sunt	change of 6% of th	e first \$2,000 d	of the Amount Fins	inced may be cha iil receive a pro ra	rged to you by us.	If your loan is	prepaid in
OCTOO FINAL.	except that in a	such event, we car	1 retain an amo	your loan, you w	n \$25. After 90 da	ua. nero rici or checil iva. The interest au	rchame is fully	eamed by
	us. No refund of	of the interest surc	harge will be n	rade except as sta	ated in this provisio	in.	· · · · · · · · · · · · · · · · · · ·	
LATE	if any payment	is more than 10 d	lays late, you v	vill pay 5% of the	unpaid amount of	the payment, but i	not less than \$	0.00 and
CHARGE.	not more than \$	\$100,00,						
REQUIRED	You agree to n	naintain insurance	against all he	zards and risks o	f physical damage	on the collateral	securing this k	an (othe
INSURANCE:	ohtein the recu	igoods) and nam	e us as loss pi	tyee. You agree I	to maintain such ir choice, or you may	ssurance for the te	rm of the loan.	You may
	you provide us	with evidence of	the required in	sumance coverace	:noice, or you may , we may purches	/ USS any existing le însurance at voi	policy you ow arexmense to r	n, onless motection:
	Interests in you	ir collateral. This i	insurance may	, but need not, pro	stect your interests	s. The coverage the	hat we purchas	e may no
	pay any claim I	hat you make or i	any claim that i	s made against yo	u in connection w	ith the collateral. `	You may later o	ancel any
					dence that you ha responsible for th			
					placement of the			
	cancellation or	expiration of the	insurance. Th	ie costs of the in	surance may be a	added to your total	outstanding t	alance o
CREDIT					of insurance you r			
INSURANCE:					acknowledge disc id security agreem		it of Buch insu	ance and
					on with this loan a		tor in the appro	val of the
	extension of co	edit, and that you	may obtain suc	h Insurance, if yo	u want it, from any	person you choos	se. If you have	chosen to
					btain such credit			
*					ich has been give n the itemization o			uch credi
NOTE: This A		n <u>a multipie pages i</u>				Transmit Halle	Ψ,	
BY SIGNING	ELOW, YOU HA	VE READ, UNDER	STAND AND AG	REE TO THE TERM	AB AND CONDITION	S IN THIS DOCUM	ENT, INCLUDING	THE
ARBITRATION	i provisions i	ihat provide, a	MONG OTHER	THINGS, THAT E	ither you or li	ender may reqi	uiré that cei	TAIN
BOTH YOU A	ND LENDER WIL	LL HAVE WAIVED	YOUR AND LE	NDER'S RIGHT TO	TION. IF YOU OR LI A TRIAL BY A JU	IRY OR JUDGE, TH	IE DISPUTE WI	LL BE
		R AND THE DECISI MAL ARBITRATIO		BITRATOR WILL B	EFINAL ARBITRA	TION WILL BE CO	IDUCTED PURS	UANT
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COPY You acknowledge receipt of a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate RECEIVED: . MPORTANT,THAT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT. CAUTION:

Signature of Principal Borrow

Signature of Other Borrow

Page 1 of 8

7511142	AMERICAN MBER FEDERAL DISCLOSURE STATEMENT GENER FINANCE								Generai			
BORROWER(8) NAME AND ADDRESS JOE T SNITH 25350 HWY 80 RAST UNION SPRINGS, AL 36089						LICENSED OFFICE: (LENDER) AMERICAN GENERAL PINANCE, INC. 2723 EASTERN BYP HONTGOHERY, AL 36117-1594						
Date of Loan First Pa			syments	Fined Paym	ent A	nount of Firet	Amount of	Amount of	Total Number	Term of		
08/14/01 09/1:	ixte (Due on Date of Month	Same	Due Date	Due Date Payment Balloon Payment			Monthly Payment	of Payments	Loan in Months		
ANNUAL PERCENT			FINAL	08/15/0	_		T FINANCED	5 90.00 TOTAL OF F	24	24		
The cost of your credit as			The dol	ier amount it ill cost you		The amou	int of credit provide on your behalf	d The amount yo	u wiii have paid sayments as sci	after you reduled		
20	s	495.19		\$	1665.82	\$ 2161	•					
ATE CHARGE: If any not not more than \$100 REPAYMENT: If you per gift. The goods or pro	pary off ex ring a se party be	arly, you curity int ling pure!	will not h erest in: nased.	eave to pety	a penai Moto	ly. Vehicle	P BY	of the payment, a RENEWA		an \$10.00		
X Other 1 3	8" 80	NY TV,	1 25"	RCA TV	, 18	ONY VCR.	America	an General Fin	ance			
You are giving a	security	Interest i	n your Pe	eaí Estate k	ocated i	ut		NTGOMERY, AL				
The previous Mo							oan					
.85UMPTION: Someon												
NSURANCE: Credit life gree to pay the addition surance, and you con- uring the three day read	and/or nal cost. sent the	credit dia You un reto If yo	sability in Idenstanc	surance at that we ar	e not r nd/or ou	ido of beniupe	ain a loan and v	viil not be provide	a profit from t	ha asia n		
Туре				Prem	lum	8)gnature(s)						
Single Decreasing and Single Credi						life and	single					
				Ì		8ignature(s):_	you s	1/30/84	First Named	Borrower		
You hereby certify t					26.85				Second Named	Borrower		
						-	CANCELLAT	with	Insured Bingle	Disability		
REDIT LIFE AND/OR Is take of Loan set forth a entificate received in consention of the unearmed premium ou are required to make sourance from anyone y out are not required to out may obtain the insurve when deciding to pacures your loan other shund of the premium. A an. To cancel you must you obtain property in an a term of 0 month.	bove, cannection overage or train projou want, pourchase france france france it and a return our trained at return our and you and you and you and you and you and you are the contrained and you and you are the contrained and	ancel the a with thi will be m Pl perty Inse or provide from anyo or insurant motor vei of the pi your poli from or the out will pa	credit ith is loan to be addeduced to the control of the control o	ie and/or dit of the office of may also AL PROP of personal ugh an existed on your want. You in als loan. If ou will have will be retain tate or makes which con a	sability where cancel ERTY properting poi r house should you pui 30 day ned by ! e a writt /ers the	haurance con the loan was such policy a INSURANCI recurring this locy with loss p hold goods to consider any chase proper s from the da he insurer if c en request to collateral who	rerage by returnity made. Upon ca fiter 30 days, how E DISCLOSUR! I loan other than expable to us. secure this loan homeowner's or by insurance through this office. Ich secures your lock of purchase to the of purchase to the secures your lock secures your loans and loans are likely secures your loans and loans are leaded to the secures your lands are lands are leaded to the lands are lands a	ng the credit life incellation, a full rever, you will onle in household goods. If you choose to other insurance ugh us which concared the insurance cancel the insurance than 80 d loan other than 8	and disability rebate of the y be entitled to i. You may obtain the collection of which you may vers the collection of rec- ance and rec- ays from the di-	insurance insurance of a refund of a full late of the a full late of the a full at a full be a full at a full be a full at a full at a full be a full at		
nd/or a profit from your	purchas	e of insul	Ance.				roperty insurance			gnature		
	onto for	ary acido	tional inf	omation at	out no	n-payment, de	fault, any require	ed repayment in f		gnaturs schedule		
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	tunas a	na jeugraii	ioo ji sa iy	´ Y	ou hev	received a c	opy of this Feder Named Borrower	al Disclosure Sta	tement.	4/01 Sette		

INSURANCE DISCLOSURE SUMMARY

AMERICAN GENERAL FINANCE

Borrower Name:		
JOR T SHITH		
Borrower Address (Street, City,	State,Zip):25350 HWY 80 EAST 1	UNION SPRINGS, AL 36089
Branch Number; 1715	Loan Number: 7511142	Dete: 08/14/01

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	jasuhépis).	PREMIUN
Credit Life	JOE T SMITH	
Credit Disability	JOE T SMITH	\$ 29.65.
Credit Personal Property		\$ 97.20
, account, topuly		\$ NONE
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:		_
Hat Hates	BORROWER:	Jan Com it
(Signature)	BORROWER,	(Signature)
4/0/5	CO-BORROWER:	V
(License Number)	OO DOMINONEM.	(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

> Policy Services - Insurance Operations American General Finance, Inc. 801 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

MGBY.4976.0072

		OTE AND SEC	HIRITY AG	DEEMENT.			ZICAN			
ACCOUNT NUL	ABER TY	PE DATE PINA	CE CHARGE	BEGINS TO ACCRUE			GENERAL			
7511142 BORROWER/81	NAME AND ADD	B I IF DIFFERE	NT FROM DA	TE OF NOTE			SENANCE PLAG			
)	,	тьи	PAYER (LENDER) AMERICAN GENERAL FINANCE, INC. 2723 Eactors Se							
JOB T SKI	ITH		1	2723 BASTERN E			$r_{\mathbf{y}}$, $R_{\mathbf{x}} \in \mathbb{N}^{3}$			
PO BOX 40	-		i	HONTGOHERY, AL	. 36117-1594		5 34 - 273 -			
	RINGS, AL 3			-,-		(Fax.	<u> 334 - 244-2</u>	957)		
Date of Note	First Payment Due Date	Other Payments Due on Seme	Final Payme Due Date		Amount of Balloon					
11/20/01	_	Date of Each			Payment	Payment	of Payments	Months		
11/23/01	01/05/02	Month.	12/05/0	102.13	\$ NONE	\$ 90.00	24	24		
1. NONE	Premium to Life Inc	urance Co. (Joint Cov.	mane)	7. Appraiser for Appraisal F		PAID TO				
2.8 29.65 8.8 97.20	Premium to Life Inc. Premium to Disabili	urance Co. (Single Co		II. Title Exam Fee/Title Insu II. Texas Paid to Gov1. Age		PAID TO				
4.5 NONE	Premium to Propert	v Insurance Co. e MOI	3D 16	Abstract Fee	ncy\$NONE_ NONE	PAID TO				
5.3 NONE	Paid to Public Offici	ult for Cortificate of 1	nigroverage 11	. Attorney Fee	*NONB	PAID TO				
6.\$ NONE	Paid to Public Offici and Releasing Fees	sie tot Hebbitaing	12	 Peid on Pytor Account will Amount Paid to you or or behalf itemized below 	th Lender s 1483 1 yolk s 55	a A				
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	•			20 74% Agreed F						
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15.5 506.31	FINANCE CH	ARGE	C.S.N	ONE Prepaid Fit	tance Charge (Possis) tance Charge Recording Tixo)	:				
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7.8 2172.13	Total of Palyments		į	(Paid to		s				
			E.	416.31 Interest		;				
	 -		(6.5	17.55.82 PT: YEX:	nount of Loan 15B+15C+15D)	\$55.84	YOU			
PARTIES:	"You" means a	ach and all of th	ose who sig	ned this Note and 8	ecurity Agreemer	il ("Agreement") as	a Borrower.	If there is		
	mean Lender.	DONONEI, BACTI	ro inspire tor	the entire obligation	Coint and severa	a lability"). The w	ord we", "us"	and "our		
TIME OF REPAYMENT: NTEREST BURCHARGE:	The first payme day of each suc An interest surc full by any mean	nt shall be due or ceeding month to harge of 6% of th ns within 90 days	n the First P and includi e first \$2,00 of the date	leter or delay your obli ayment Due Date Ind ng the Final Payment 0 of the Amount Fina 1 of your loan, you wit	licated and the fol . Due Date. .nced may be cha !! receive a pro re	llowing payments a rged to you by us. ta refund or credit	hall be due on if your loan is of the interest	prepaid ir		
,	us. No refund o	uch event, we call if the interest sur	n retain an a harge will b	mount of no less than e made except as sta	n \$25. After 90 da Ited in this provisio	iys, the Interest aur xn.	charge is fully	earned by		
REQUIRED	You agree to m	.100.00. Haintain Inaurance	lla teninge ı	u will pay 5% of the c hazards and risks of payee, You agree to	ohvsical damage	e on the collateral	securina this k	oan lothe		
	obtain the requi you provide us- interests in your pay any claim the insurance purch agreement. If we and any other cancellation or obligation. The	ired insurance from the violence of or collateral. This ration make or a nased by us, but re purchase insur charges we may expiration of the costs of the insure	m any agen the required insurance m iny daim the only after p ance for the impose in insurance, ance may b	at or insurer of your oil insurer or your oil insurerce coverage, asy, but need not, pro at is made against your oviding us with evide collateral, you will be connection with the The costs of the inside more than the cost.	hoice, or you may, we may purchas tect your interests us in connection whence that you have responsible for it placement of the urance may be a of lineurance your.	y use any existing is insurance at you, is. The coverage the tith the collateral. Y ave obtained insurance costs of that insurance, until the added to your total may be able to obtain may be able to obtain may be able to obtain	policy you ow r expense to p at we purchas fou may later o unce as requir irance, includir ha effective d outstanding b uin on your own	n. Unless protect ou e may no eancel any ed by ou ng interes ete of the ealance on.		
NSURANCE:	authorize us to i You understand extension of cre obtain credit ins separately sign	include it in the ba I that credit insur Idit, and that you surance through I ad Federal Disci	dance payal ance is not may obtain i lender, then ceure State	pility insurance, you a ble under the note an required in connection such insurance, if you (a) your choice to of ment, a copy of whi	d security agreem on with this loan of want it, from any btain such credit ich has been giv	ent. and was not a fact person you choos insurance through en to you and (b)	or in the appro s. If you have Lender is Indic the cost of s	oval of the chosen to cated on a		
NOTE: This Ag BY SIGNING B ARBITRATION DISPUTES BE BOTH YOU AL DECIDED BY A	reement contain IELOW, YOU HA! I PROVISIONS T TWEEN YOU AN ND LENDER WIL AN ARBITRATOR	e multiple pages t VE READ, UNDER HAT PROVIDE, A D LENDER HE BU L HAVE WAIVED	nat include in BTAND AND MONG OTH BMITTED TO YOUR AND ON OF THE	nced and is shown or mportant information a AGREE TO THE TERM ER THINGS, THAT ER DENDENG ARBITRATI LENDER'S RIGHT TO ARBITRATOR WILL BE	IBOUT YOUR IOUR. IS AND CONDITION THER YOU OR L ION. IF YOU OR L A TRIAL BY A JU	HIS IN THIS DOCUME ENDER MAY REQU ENDER ELECTS TO IRY OR JUDGE, TH	NT, INCLUDING IRE THAT CEI USE ARBITRA E DISPUTE WII	TTAIN TION, L. BE		
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Page 1 of 8

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ACCOUNT NUI 7511142	MBER		FE	DERAL D	, IECLO8	URE STA	TEMENT	AMERICAN GENERAL FINANCE			
) NAME AND AD	DRE88				ED OFFICE:			snersi Firm		
JOB T SMI PO BOX 40: UNION SPR		5089			AMERICAN GENERAL FINANCE, INC. Twin Oeks 18009 2723 EASTERN BYP MONTGOMERY, AL 36117-1594 Montgomery, AL 201474 (59 (Phone: \$34 - 270-601)						
Date of Loan	First Payment Due Date	Due on a			Rnal Payment Amou		Amount of Balloon Payment	Amount of Monthly	34 - 244-2 Total Number of Payments	Term of Loan in	
11/23/01	01/05/02	Month	t-Act	12/05/0	3 8	102.13	l- ' i	Payment 90.00	24	Months 24	
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	giving a security					rity on your	log a				
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insurance, and during the three	you consent in	eneto # yo	u select	such Insun	ance. If a	rescission	period applies, th	ere is no credit	a profit from the	coverage	
Туре				Prem	turn	Signature (e)					
Single Dec	reasing Cr Credit Di	edit Li sabilit	fe Y	\$ 12	c	want si redit di Ngnature(s):_ (ngle decreas	urance.	Tife and First Named B	Borrower	
You hereby	certify that yo	ou are en	ployed	at least 2	0 hours	per week	Spo J	Carke		DONORE!	
Date of Loan se- premiums paid in of the unearned. You are required insurance from a You are not rely you may obtain have when deci	ND/OR DISABI et forth above, of yed in connection for this coverage premium. If the maintain pre- anyone you wan ulined to purchas the insurance if ding to purchas	UTY CAN cancel the on with this will be me property inscrit, or provide a property from anyone insurance.	CELLAT credit life is loan to ade. Yo ERSON unance of ite it thro y insuran ne you'n te with the	ION: If you is and/or display also the office or may also the property of the	dealire to sublitly in where the cancel at ERTY IN property in ting policy r houselve should co you pure!	do so, you surance con the loan was uch policy a ISURANC! Securing this you with loss pold goods to had proper any hase proper	E CANCELLATION may, without pensiverage by returnin made. Upon can fire 80 days, howe E DISCLOSURE is loan other than h sayable to us. secure this loan. homeowner's or c ty insurance throu- te of purchase to	ity or obligation, g the credit life a cellation, a tull i wer, you will only ousehold goods if you choose to other insurance of the insurance of the obligation of the obligation of the country of	and disability in that of the lay be entitled to . You may obtain the beautiful to the collection of	insurance insurance o a refund stain such naurance, y already and which	
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and/or a profit fo	nionins and) om your purcha	you wall pay se of Insur	y <u>ance.</u>	S	YOU also		that we and/or our	r insurance amili		gnature	
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See the contrac date, and prepa						Pire	fault, any required opy of this Federal than the Named Borrower of August 15	Disclosure Stat	ement. ///2	23/100	

INSURANCE DISCLOSURE SUMMARY

Borrower Name: JOE T SKITK			
Borrower Address (Street, City, S	State, Zip) 270 BOX 402 UNION S	PRINGS, AL 36089	
Branch Number: 1715	Loan Number: 7511142	Date: 11/23/01	

I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	(I) (S UR E D(S)	PREMIUM
Credit Life	JOE T SMITH	\$ 29.65
Credit Disability	JOE T SMITH	\$ 97.20
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$

I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

BORROWER: CO-BORROWER:

insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

Policy Services - Insurance Operations American General Finance, Inc. 801 NW 2nd Street, P.O. Box 159 Evansville, IN 47701-0159

Telephone: 1-800-325-2147 Telefax: (800) 350-9306

MGBY.4976.0048

(Signature)

r.,	N	OTE AND SEC	URITY AGRE	EENENT		AMER		
ACCOUNT NU	VIBER TY	PE DATE FINAN	7		FENERAL INANCE	•		
7511142 BORROWER(8	NAME AND ADD	RESS	T FROM DATE	OF NOTE (YEE (LENDER)	L			
700 T OM	· ·		· A2	erican gener		INC.		
JOE T 8M	ith Y 80 Bast			IN OAKS VILI		00	700 ·	••
	RINGS, AL 3	6089	l ur	intgonery, ai	. 3611/-1394	500		
Date of Note	First Payment	Other Payments	Final Payment	Amount of First	Amount of Balloon	Amount of Monthly	Total Number	Term of
	Due Date	Due on Same Date of Each	Due Date	Payment	Payment	Payment	of Payments	Loan in Months
06/28/01	08/05/01	Month.	01/05/03		\$ NONE	\$ 75.00	18	18
1.5 NONE	Premium to Life ine	ITEMIZA urance Co. (Joint Cove	ITTON OF AM	OUNT FINANCE OPPOSED FOR A PROPERTY OF A PRO		PAID TO		
		urance Co. (Single Co	verage) 8. T	The Exam Fee/Tibe Inst. Secon Paid to Gov't Age	rance \$NONE	PAID TO		
44 NONE		y insurance Co. y insurance Co.\$ NO sie for Certificate of Til		betract Fee	NONE	PAID YO		
64 NONE 64 16.80	Paid to Public Offici Paid to Public Offici	als for Certificate of 11 als for Recording		litomey Fee	NONE	PAID TO		
	Paid to Public Offici and Releasing Fee		18. A	amount Peld to you or or whalf itemized below	your \$ 987	.20 s	το	
					-			
			A\$	23.00 % Agreed Fa 60.00 Prepaid Fa	Hence Charge	<u>;</u>		
	Amount Financed (8	Sum of lines 1 thru (8)	BSNON	R Preped Fi	ronarge vance Charce (Points)	•		
		ERCENTAGE	RATE DANON		Nance Charge Recording Text	_ •		
1355.06	Total of Payments		, –	(Pedd to	NANCE CHARGE Brok) \$		
			E\$	222.37 Interest				
			18.81	1.32.69 Proved	nount of Loan 158 + 15C + 15D)	987,20	YOU	
PARTIES:	"You" means a	ach and all of the	ose who signe	d this Note and 8	ecurity Agreemen	t ("Agreement") as	a Borrower,	If there is
	mean Lender.	CONTOWER, BACH	IS NAMED IN TO LETTE	ettine obligation	(Tourtaind sevens	liability"). The wo	rd "we", "us"	and four
TIME OF	echedule, and without penalty.	rest is to be repa greater if you ma . Partial prepaym	id in monthly it ske payments ent will not defi	nstallments. The l later than achedul ar or delay your ob	Finance Charge w led. You may pre ligation to pay rem	riginal Principal Am it be less if you ma pay this loan in ful aining installments. lowing payments sh	ike paymenta I or in part at	ahead o t any tim
REPAYMENT:	day of each suc	ceeding month to	and including	the Final Payment	icated and ma low Due Date.	lowing payments an	mine ane ou	me sam
INTEREST SURCHARGE:	An interest sure full by any mea except that in s	tharge of 6% of th ins within 90 days uch event, we ca	ne first \$2,000 c s of the date of n retain an amo	of the Amount Final your loan, you wi	inced may be chai Il receive a pro rai n \$25. After 90 da	ged to you by us. I be refund or credit o ys, the interest surc in.	f the Interest	aurcharo
LATE CHARGE: REQUIRED	not more than \$	100.00,				the payment, but no		
INSURANCE:	than household obtain the requipou provide us interests in you pay any claim tinsurance purchastrement. If any other cancellation or obligation. The	goods) and ham ired insurance for with evidence of r collateral. This hat you make or hased by us, but ve purchase insur charges we may expiration of the costs of the insur	e us as loss part of the required in insurance may claim that is only after provance for the copy impose in continuous. The rance may be nearly the second of the copy impose in continuous the reacce may be nearly the continuous that is the continuous t	ayee. You agree it or insurer of your of your of your of your of the property	o maintain such in thoice, or you may the may purchas teet your interests u in connection what in connection what in responsible for it placement of the surrance may be a of insurance your	e on the collateral a surance for the tent use any existing; a insurance at your to the coverage the in the collateral. You we obtained insura- ne costs of that insura- insurance, until it indied to your total may be able to obtain	n of the loan. solley you ow expense to put we purchas ou may later or necessaries as require ance, including the effective of outstanding to on your own	You may n. Unless protect out is may no eancel any red by out ing interest ate of thy ballance on.
CREDIT INBURANCE:	authorize us to You understand extension of one obtain credit ins separately sign insurance is inc	include it in the bid that credit inau odit, and that you surance through led Federal Discipluded within the A	alance payable rance is not rec may obtain suc Lender, then (a losure: Stateme Amount Finance	under the note an quired in connecti th insurance, if you i) your choice to c ent, a copy of wh ed and is shown o	id security agreem on with this loan a i want it, from any btain such credit it ich has been given in the Itamization o	closure of the cost ent. Ind was not a facto person you choose neurance through to en to you and (b) of Amount Financed.	r in the appro . If you have .ender is indic the cost of s	oval of the chosen to cated on
BY SIGNING ARBITRATION DISPUTES BU BOTH YOU A DECEMBED BY	BELOW, YOU HA PROVIBIONS T NA UOU NEWYEN PROPER WIL POTARTIBRA NA	VE READ, UNDER THAT PROVIDE, A ID LENDER SE SI 1. HAVE WAIVED	STAND AND AG WONG OTHER IBMITTED TO E YOUR AND LE ON OF THE AR	THINGS, THAT E UNDING ARBITHAT NDER'S RIGHT TO	IS AND CONDITION ITHER YOU OR LI YON, IF YOU OR LI A TRIAL BY A JU	IS IN THIS DOCUME ENDER MAY REQUI ENDER ELECTS TO RY OR JUDGE, THE TION WILL BE CONE	RÉ THAT CEI USE ARBITRA I DISPUTE WI	RTAIN TION, LL BE
RECEIVED: a	heet.	-	, ,	copy of this Agre		deral Disclosure St	atement on a	separate
Witness C	MOX	<		· (), pa s	, T. S	Smith.		
Wares of	mberly	Singliti	 DW	0	Bigna	ure of Principal Borro	. :	
V	0	U	Pe	age 1 of 8	Sign	nature of Other Borrow	ver MGBY:497i	6.0049

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7511142	MBER	FEDERAL DISCLOSURE STATEMENT									GENERAL FINANCE	
BORROWER(8	NAME AND ADD	RE88			UCE	SED OFFIC	E: /l	ENDER)				
JOE T SMIT 25350 HWY UNION SPRI	• • • • • • • • • • • • • • • • • • • •	089	·		AMERICAN GENERAL PINANCE, INC. TWIN OAKS VILLAGE HONTGOMERY, AL 36117-1594							
Date of Loan	First Payment Due Date	Due on		Final Paym Due Date	mount of Fire Payment	1	Amount of Balloon	Mc	ount of	Total Number of Payments	Term of Loan in	
06/28/01	08/05/01	Date of Month	Bach	3 8	80.0	16	Payment NONE	S Pay	yment 75.00		Months 18	
	RCENTAGE R		FINAN	CE CHAI				FINANCED	Tro		PAYMENTS	
The cost of your	credit as a yearly	rate		er amount if If cost you	10	The an	noun	it of credit provided your behalf			u wiii have paid payments as sci	
[30.32	%	\$	282.37				1072.69	\$	1355	· -	
LATE CHARGE and not more the PREPAYMENT SECURITY: You The good X Other	If you pay off a	aity, you scurity in sing purci	will not h terest in: hased,	ave to pay	a pena Moto	lty. rVehicle	the	unpaid amount	of the p	ayment, I	but not less tha	in \$10.00
You are	giving a security	Interest i	n your Re	sal Estate k	cated a	at						
	lous Mortgage/D											
ASSUMPTION:	Someone buying	your ho	use may	not assum	e tha re	mainder of	the P	Mortgage on the	orlgina	ıi terms,		
INSURANCE: C agree to pay the insurance, and a during the three	you consent the	heto If yo										
Type				Premi	lum.	Bignature(s)					
Single Dec	reasing Cre Credit Dis	dit Li	fe			I want	in	gle decreas	ing	credit	life and	single
	OTOGIC PIE	******	У			Signature (d		ability in	S	ce. imith	First Named B	
				\$ 6	8.69		U				Pecond Named E	
You hereby o	ertify that you	are en	ployed	at least 3	0 hou	e per wee	k.	Dag. J	7.0	. 111	7000,32 (401)00 1	Z.IIOWEI
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If you obtain prop for a term of <u>0</u> and/or a profit fro	_incentra and yo	ru walipay	/ \$ NONE		You als	o understar	nd th	n secures your k hat we and/or ou perty insurance	oan oth Primeur	erthan a xnce affili	motor vehicle, ates anticipate	it will be a benefit
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See the contract date, and prepay	documents for a	any addit od penatti	lonal Info es if any,					uit, any required ny of this Federal				cheduled
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